

Wisconsin Child Care Regulatory System

SHAWANO County LICENSED Child Care Directory as of 2/4/17

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|------------------------|--|------------------------|-----------------------|--------------------------|------------------------------------|
| Facility Name | A BRIGHT START AT JACKIE'S DAYCARE | Contact | FISCHER, JACQUELINE A | Full Time | Y |
| Address | 920 Knoke St Gresham, Wi 54128 | Phone # | 715-787-3550 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 09/01/2004 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1008329 | Months | Jan-Dec | To Age | 13 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000573116 | Hours | 05:00 AM-05:00 PM | Star Level | Unknown |
| | | Location Number | 002 | | |
| Facility Name | SUNSET CHILD CARE | Contact | BRANDT, KAREN | Full Time | Y |
| Address | 700 E Wood Ave Wittenberg, Wi 54499 | Phone # | 920-250-0675 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 03/01/2010 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Facility ID | 1015053 | Months | Jan-Dec | To Age | 14 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 7000584097 | Hours | 05:30 AM-05:30 PM | Star Level | 2 Stars |
| | | Location Number | 002 | | |
| Facility Name | TINY TOES CHILDCARE | Contact | TEETZEN, ASHLEY | Full Time | Y |
| Address | 1022 S Lutz St Shawano, Wi 54166-3345 | Phone # | 715-851-5049 | LICENSED Capacity | 8 |
| Category | LICENSED FAMILY | LICENSED Date | 11/14/2016 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 2003122 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 6000589016 | Hours | 07:00 AM-06:00 PM | Star Level | Unknown |
| | | Location Number | 001 | | |

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| Facility Name | BEAR CUB CHILD CARE DEVELOPMENT CT | Contact | SOCHA, JUSTINA | Full Time | Y |
| Address | 104 N Second St Bonduel, Wi 54107 | Phone # | 715-758-6500 | LICENSED Capacity | 75 |
| | | LICENSED Date | 01/01/2009 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013915 | Hours | 04:45 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 0000584310 | Location Number | 001 | | |
| Facility Name | BULLFROGS AND BUTTERFLIES LLC | Contact | POPP, JAMIE | Full Time | Y |
| Address | 201 Eberlein Park Dr Shawano, Wi 54166 | Phone # | 715-524-5437 | LICENSED Capacity | 80 |
| | | LICENSED Date | 06/16/2008 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013187 | Hours | 06:00 AM-06:30 PM | Star Level | Unknown |
| Provider Number | 2000583702 | Location Number | 001 | | |
| Facility Name | BUSY BEE DAY CARE CENTER | Contact | KOEPSSELL, MARY J | Full Time | Y |
| Address | 840 Olson St Shawano, Wi 54166 | Phone # | 715-526-9566 | LICENSED Capacity | 30 |
| | | LICENSED Date | 10/01/2013 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001530 | Hours | 04:45 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 7000587947 | Location Number | 001 | | |
| Facility Name | HEAD START - MIDDLE VILLAGE CENTER | Contact | ANDERSON, SAMANTHA | Full Time | Y |
| Address | N2150 Kesaehkahtek Gresham, Wi 54128 | Phone # | 715-799-6130 | LICENSED Capacity | 92 |
| | | LICENSED Date | 07/01/2001 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1004133 | Hours | 07:45 AM-04:30 PM | Star Level | Unknown |
| Provider Number | 3000556493 | Location Number | 002 | | |
| Facility Name | KIDS IN THE KOUNTRY CHILD CARE | Contact | KRAUSE, PATTI | Full Time | Y |
| Address | N5364 Mbc Dr Shawano, Wi 54166 | Phone # | 715-526-6181 | LICENSED Capacity | 60 |
| | | LICENSED Date | 11/17/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 420514 | Hours | 04:30 AM-06:30 PM | Star Level | Unknown |
| Provider Number | 7000556607 | Location Number | 002 | | |

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| Facility Name | KIDS KLUB | Contact | KOSMALSKI, KIMBERLY | Full Time | - |
| Address | 100 Presbyterian St Shawano, Wi 54166 | Phone # | 715-524-6228 | LICENSED Capacity | 25 |
| Category | LICENSED GROUP | LICENSED Date | 11/21/2002 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 420210 | Months | Jan-Dec | To Age | 13 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 0000559420 | Hours | 07:00 AM-06:00 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | STOCKBRIDGE-MUNSEE HEAD START | Contact | MEEK, DOLORES | Full Time | - |
| Address | W13429 Cherry St Bowler, Wi 54416 | Phone # | 715-793-4993 | LICENSED Capacity | 28 |
| Category | LICENSED GROUP | LICENSED Date | 11/17/2002 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 420075 | Months | Sep-Jun | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 5000559495 | Hours | 07:30 AM-03:30 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | ST PAUL LUTHERAN PRESCHOOL | Contact | NOUSEN, SHELLY | Full Time | - |
| Address | N9035 Hwy 45 S Biramwood, Wi 54414 | Phone # | 715-449-3771 | LICENSED Capacity | 20 |
| Category | LICENSED GROUP | LICENSED Date | 04/01/1998 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 420552 | Months | Sep-May | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 2000578782 | Hours | 08:00 AM-11:30 AM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | UNDER THE RAINBOW LLC | Contact | LORI CARLSON, DEBBIE EUH | Full Time | Y |
| Address | 1515 S Lincoln St Shawano, Wi 54166 | Phone # | 715-524-4006 | LICENSED Capacity | 79 |
| Category | LICENSED GROUP | LICENSED Date | 10/21/2001 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Facility ID | 1007050 | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 7000556607 | Hours | 04:30 AM-06:30 PM | Star Level | Unknown |
| | | Location Number | 001 | | |
| Facility Name | UWO HEAD START - SHAWANO CTR | Contact | COPPUS, TERESA | Full Time | - |
| Address | 1515 S Lincoln St B Shawano, Wi 54166-3428 | Phone # | 920-858-8446 | LICENSED Capacity | 20 |
| Category | LICENSED GROUP | LICENSED Date | 09/01/2006 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 1011036 | Months | Aug-Jun | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 4000559624 | Hours | 07:30 AM-04:00 PM | Star Level | 5 Stars |
| | | Location Number | 040 | | |

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| Facility Name | WIPAMEN KER 'DA HEAD START CENTER | Contact | YONKER, CONNIE | Full Time | - |
| Address | W18005 Witt-Birn Townline Rd Wittenberg, Wi 54499-8566 | Phone # | 715-253-3826 | LICENSED Capacity | 20 |
| Category | LICENSED GROUP | LICENSED Date | 06/01/1997 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 420077 | Months | Aug-May | To Age | 4 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number | 1000556721 | Hours | 07:00 AM-04:30 PM | Star Level | Unknown |
| | | Location Number | 006 | | |